The Excretion of Uric Acid in Non-gouty Polyarthritides.—M. Ljungdahl (*Ztschr. f. klin. Med.*, 1914, xcvii, 177), has made an investigation of the uric-acid excretion in chronic non-gouty arthritides. He finds that the peculiarities of uric-acid excretion which were supposed to be characteristic of gout are not specific in the sense that differential diagnosis can be made on this basis alone in doubtful cases. Low values for endogenous uric acid may be observed quite constantly in chronic polyarthritides, regardless of their origin. The quantities of exogenous uric acid vary so markedly and so irregularly that they are quite valueless for diagnostic purposes. The time of excretion of exogenous uric acid seems to be less in the non-gouty than in patients afflicted with true gout. Nevertheless, this difference is neither sufficiently regular nor striking to be of diagnostic significance. Therefore, it is not possible, Ljungdahl concludes, to determine whether a polyarthritis is gouty or not by studying the excretion of endogenous and exogenous uric acid alone.

The Diagnostic Value of Pepsin Determinations in Organic Diseases of the Stomach.—C. Singer (*Deutsch. Arch. f. klin. Med.*, cxi, 188) has used a modification of Fuld and Levison's edestin method in studying the peptic activity of the gastric juice in more than 300 cases of organic disease of the stomach. The present conclusions are based on observations made only on cases where a histological diagnosis was possible. Singer finds that the peptic index and the chloride secretion usually vary in the same direction; exceptions to this rule result from a relatively greater reduction of the peptic index. In the early stages of duodenal ulcer the peptic index is usually high (over 60) and the chloride secretion is also high (above 6.0). According to the author's experience this relation observed in duodenal and gastric ulcers is practically pathognomonic. In the later stages of duodenal ulcer, or with complications, the peptic index may fall; in very chronic cases there may also be a decline in the chloride secretion. Cases of pyloric ulcer usually follow the same rule as duodenal ulcer but in the former the peptic index is usually lower. Cancer of the pylorus as a rule causes only a slight lowering of the peptic index and of the chloride secretion. In early cases the chloride secretion may even be increased. Gastric cancers which extend from the pylorus to the lesser curvature always cause a marked lowering of the peptic index (10) and nearly always a decrease in the chloride secretion (3).

The Diagnostic Value of the Determination of the Colloidal Nitrogen in the Urine.—G. Lehmann (*Deutsch. Arch. f. klin. Med.*, cxii, 376) has investigated on a fairly extensive scale the colloidal nitrogen of the urine. Salkowski has called attention to the importance of a relative increase of the colloidal nitrogen in the diagnosis of cancer. The author finds that this is not characteristic of cancer alone and arrives at the following conclusions: The Salkowski-Kojo quotient, *i. e.*, the relation of colloidal nitrogen to total nitrogen, is often high in cancer and in tuberculosis. This quotient may be definitely affected through the diet. In cancerous patients it is possible to change a high quotient to a low one by a purin-free diet, while in normal individuals the administration of purin bodies, such as sodium nucleinate so alters the quotient that it may be confused with that which has been considered typical of cancer. Lehmann concludes, therefore, that without regulation of the diet, the Salkowski-Kojo quotient is entirely worthless in the diagnosis of carcinoma. Whether it may be possible, through the use of a fixed diet, to obtain values which will be serviceable in diagnosis remains to be determined.

SURGERY

UNDER THE CHARGE OF

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The Diagnosis of Cancer by Means of the Abderhalden Dialysis Method.—CYTRONBERG (*Mitt. a. d. Grenzgeb. d. Med. u. Chir.*, 1914, xxviii, 243) says that his investigations show that the Abderhalden carcinoma reaction is in the highest degree specific. He was not without failures in his results for the occurrence of which, unfortunately, no sure explanation has yet been given. We know that the practical value of the method is now only limited even in the hands of the skilful. On the other hand a whole series of experiments often showed no failures in diagnosis which cannot be attributed to accident. A positive carcinoma reaction in small skin cancer shows that an early diagnosis in cancer is possible by means of the dialysis method. These results were always proven by controls and by the clinical course. Although the practical value of Abderhalden's carcinoma reaction is still limited owing to the occurrence of certain errors, yet the correctness of the principle of the reaction is confirmed by Cytronberg's experiments.

Lymphatic Leukemia with Special Reference to the Large Cell Forms.—NAKAMURA (*Deutsch. Ztschr. f. Chir.*, 1914, cxxxii, 275) made a careful clinical and microscopical study of a case which came to autopsy, in which a tumor developed on the forehead after an injury. An acute large cell lymphatic leukemia developed. The primary, apple-sized, lymphoid tumor formation in the frontal region developed in connection with a light trauma. There were found numerous mitoses in the frontal tumor as well as in the lymph nodes and infiltration foci in some of the abdominal organs as the liver, spleen and kidneys. There was an exceedingly marked increase of the large lymphocytes in the blood. The lymphoid collections were always demonstrable in the tissues surrounding the bloodvessels in the above-mentioned organs. The